

Foster Family Home - Corrective Action Report

Provider ID: 1-560806

Home Name: Juliet Taclay, CNA

Review ID: 1-560806-5

1420B Konia Street

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 9/9/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/9/19.
Corrective Action Report issued during home inspection with all items due to CTA by 10/9/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

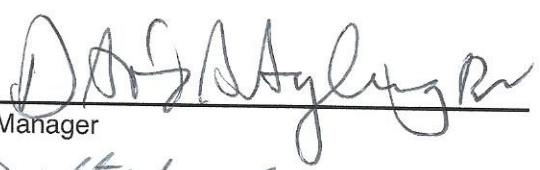
Background Checks


[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN done 2/26/19 for all CG's and HHM #1. Expired on 7/5/18.


Compliance Manager


Primary Care Giver

9/9/19
Date

9/9/2019
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JULIET TACLAH

CCFFH Address: 1420 B KUNIA STREET HON. HI 96909

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	I SHOWED CTA CURRENT APS/CAN FOR ALL CG'S AND HHM #1 ON THE DAY OF MY RECERTIFICATION I PLACED THEM IN MY CCFFH BINDER	9/19/19	I HAVE PUT THE THE EXPIRATION DATE FOR APS/CAN FOR ALL CG'S AND HHM'S ON MY I PHONE CALENDAR. I SET THE REMINDER FOR 1 MONTH PRIOR TO EXPIRATION.

Primary Caregiver's Signature: Juliet Tacлах

Print Name: Juliet TACLAH

Date of Signature: 9/19/2019